

Revised 2/95

BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: April 21, 2004

Division: Management Services

Bulk Item: Yes ☒ No ☐

Department: Administrative Services

AGENDA ITEM WORDING: Terminate contract with Guidance Clinic of the Middle Keys, Inc., for the operation of the Safeport program. Termination to take effect at the end of the day, March 31, 2004.

ITEM BACKGROUND: Guidance Clinic has notified County that it will cease operation of the Safeport program on March 31, 2004. Clinic estimates that \$44,000.00 of the funds will be unused. Federal funds are provided through the Florida Department of Law Enforcement. Substance Abuse Policy Advisory Board (SAPAB) reviews proposals and makes recommendations to BOCC for local funding of programs. SAPAB will consider ways to use these funds or de-obligate them back to Florida Dept. of Law Enforcement at its next meeting.

PREVIOUS RELEVANT BOCC ACTION: Approval of contract with Guidance Clinic at November 19, 2003 meeting.

CONTRACT/AGREEMENT CHANGES: Termination

STAFF RECOMMENDATION: Approval.

TOTAL COST: 69,727.00 contract amt.

BUDGETED: Yes ☒ No ☐

COST TO COUNTY: 17,432.00 match

SOURCE OF FUNDS: ad valorem taxes

REVENUE PRODUCING: Yes ☐ No ☒

AMOUNT PER MONTH \_\_\_\_\_  
YEAR \_\_\_\_\_

APPROVED BY: COUNTY ATTY ☒ OMB/PURCHASING ☒ RISK MANAGEMENT ☒

DIVISION DIRECTOR APPROVAL: \_\_\_\_\_

*Sheila A. Barker*  
Sheila A. Barker

DOCUMENTATION: INCLUDED: ☒ TO FOLLOW: ☐ NOT REQUIRED: ☐

DISPOSITION: \_\_\_\_\_


AGENDA ITEM #: 031

**GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.**  
3000 41<sup>ST</sup> STREET, OCEAN  
MARATHON, FL 33050  
(v) 305/434-9000/ (f) 305/289-9040  
deb.barsell@gcmk.org  
www.gcmk.org

March 11, 2004

David P. Owens  
Monroe County  
Grants Administration Office  
1100 Simonton Street  
Key West, FL 33040

RE: BYRNE GRANT AND SAFEPORT CLOSURE

  
Dear Mr. Owens:

As a formal follow up to our telephone conversation of 3/3/04, the Guidance Clinic of the Middle Keys, Inc. (GCMK), will close its outpatient substance abuse treatment site in Key West on 4/31/04. The decision to close the GCMK service site located in the public housing community known as Safeport, located at 301 White Street, Key West, was made by our board of directors on 2/24/04. The key reasons for the closure of the program relate to difficulties recruiting and retaining qualified staff and to the lack of a consistent referral base in the Lower Keys.

Our primary funding agency, the Center for Substance Abuse Treatment, was notified and agreed to the premature closure of the Safeport Homeless Addictions Treatment Project. All current and active outpatient clients will be transferred to the Care Center for Mental Health on or about 4/1/04. GCMK is no longer accepting new clients for outpatient services in Key West. We will, however, continue providing aftercare services for our clients in another Key West location.

The Byrne Grant awarded to the Safeport program for fiscal year 2004 will close on 3/31/04. Our final invoice will reflect the services provided to eligible Byrne clients through the end of March. It is anticipated that \$44,422 will be unspent at the end of this month (see attached spreadsheet). It is our hope that these funds will be redistributed in Monroe County and that the funding can be targeted toward the adult Drug Court.

David P. Owens  
March 11, 2004  
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If you have any questions or concerns, please contact me.

Sincerely,



Debbie Barsell, MSW, CAP  
Executive Vice President

Attachment

Email Copies (sans attachment) :

Marsh Wolfe, EdD, CEO, Care Center  
David P. Rice, PhD, President/CEO, GCMK  
Marianne Benvenuti, MBA, VP of Finance, GCMK  
Jamie Pipher, MS, VP of Operations, GCMK  
Robin Lee, LMHC, GCMK

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**EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE  
FORMULA GRANT FUNDS AGREEMENT**

THIS AGREEMENT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2003, by and between MONROE COUNTY, a political subdivision of the State of Florida, whose address is 1100 Simonton Street, Key West, FL 33040, hereinafter referred to as "COUNTY," and Guidance Clinic of the Middle Keys, Inc., whose address is 3000 41<sup>st</sup> Street, Marathon, Florida 33050, hereinafter referred to as "PROVIDER."

**WITNESSETH**

WHEREAS, the Florida Department of Law Enforcement has awarded a sub-grant of Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Funds to the COUNTY to implement a program that provides Residential Drug and Alcohol Treatment; and

WHEREAS, the County is in need of an implementing agency to provide said services under this Program; and

WHEREAS, the PROVIDER is the sole provider of this program; and

WHEREAS, the COUNTY has agreed to disburse the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Funds to the PROVIDER in accordance with the COUNTY'S application for the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Funds.

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth herein, the COUNTY and the PROVIDER agree as follows:

1. **TERM** - The term of this Agreement is from October 1, 2003, through September 30, 2004, the date of the signature by the parties notwithstanding, unless earlier terminated as provided herein.

2. **SERVICES** - The PROVIDER will provide services as outlined in the COUNTY'S Anti-Drug Abuse Sub-grant Award, attached and made a part hereof.

3. **FUNDS** - The total project budget to be expended by the PROVIDER in performance of the services set forth in Section 2 of this agreement shall be the total sum of \$69,727.00. The total sum represents federal grant/state sub-grant support in the amount of \$52,295.00 and local matching funds in the amount of \$17,432.00, which amount shall be provided by the county through the grant matching funds account. All funds shall be distributed and expended in accordance with the Project Budget Narrative submitted as outlined in the grant agreement.

4. **INCORPORATION BY REFERENCE** - The provisions of those certain documents entitled "State of Florida Office of Criminal Justice Grants Florida Department of Law Enforcement Subgrant Award Certificate and Application" therefor and all laws, rules and regulations relating thereto are incorporated by reference, (Attachment C).

5. **IMPLEMENTING AGENCY BOND** - The PROVIDER is an implementing agency under the COUNTY'S Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program, and shall be bound by all the provisions of the documents incorporated by reference in Section 4 of this Agreement. Additionally, the PROVIDER shall be bound by all laws, rules, and regulations relating to the COUNTY'S performance under the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program.

6. **BILLING AND PAYMENT**

(a) The PROVIDER shall render to the COUNTY, at the close of each calendar month, an itemized invoice properly dated, describing the services rendered, the cost of the services, and all other information required by the Program Director. The original invoice shall be sent to:

Monroe County Grants Administrator  
1100 Simonton Street  
Key West, FL 33040

(b) Payment shall be made after review and approval by the COUNTY within thirty (30) days of receipt of the correct and proper invoice submitted by the PROVIDER.

7. TERMINATION - This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days written notice delivered to the other party. The COUNTY shall not be obligated to pay for any services provided by the PROVIDER after the PROVIDER has received notice of termination. In the event there are any unused Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Funds, the PROVIDER shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

8. ACCESS TO FINANCIAL RECORDS - The PROVIDER shall maintain appropriate financial records which shall be open to the public at reasonable times and under reasonable conditions for inspection and examination and which comply with the Agreement incorporated in Section 4 of this Agreement.

9. AUDIT - The PROVIDER shall submit to the COUNTY an audit report covering the term of this Agreement, within one-hundred twenty (120) days following the Agreement's lapse or early termination and shall also comply with all provisions of the Agreement incorporated in Section 4 of this Agreement.

10. NOTICES - Whenever either party desires to give notice unto the other, it must be given by written notice, sent by registered United States mail, with return receipt requested, and sent to:

FOR COUNTY:  
Monroe County Grants Administrator  
1100 Simonton Street  
Key West, FL 33040

FOR PROVIDER:  
David Rice, Executive Director  
Guidance Clinic of the Middle Keys, Inc.  
3000 41<sup>st</sup> Street  
Marathon, FL 33050

Either of the parties may change, by written notice as provided above, the addresses or persons for receipt of notices.

11. UNAVAILABILITY OF FUNDS - If the COUNTY shall learn that funding from the Florida Department of Law Enforcement cannot be obtained or cannot be continued at a level sufficient to allow for the services specified herein, this Agreement may then be terminated immediately, at the option of the COUNTY, by written notice of termination delivered in person or by mail to the PROVIDER at its address specified above. The COUNTY shall not be obligated to pay for any services provided by the PROVIDER after the PROVIDER has received notice of termination.

12. COMPLIANCE WITH LAWS AND REGULATIONS - In providing all services pursuant to this Agreement, the PROVIDER shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provision of, such services, including those now in effect and hereafter adopted, and particularly Article 1, Section 3 of the Constitution of the State of Florida and Article 1 of the United States Constitution, which provide that no revenue of the

state or any political subdivision shall be utilized, directly or indirectly, in aid of any church, sect or religious denomination or in aid of any sectarian institution. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement immediately upon delivery of written notice of termination to the PROVIDER. If the PROVIDER receives notice of material breach, it will have thirty days in order to cure the material breach of the contract. If, after thirty (30) days, the breach has not been cured, the contract will automatically be terminated.

13. ASSIGNMENTS AND SUBCONTRACTING - Neither party to this Agreement shall assign this Agreement or any interest under this Agreement, or subcontract any of its obligations under this Agreement, without the written consent of the other.

14. INDEPENDENT CONTRACTOR/EMPLOYEE STATUS - The PROVIDER is an independent contractor. No statement in this agreement shall be construed so as to find the PROVIDER, its employees, contractors, servants, volunteers, or agents to be employees of the COUNTY. Persons employed by the PROVIDER in the performance of services and functions pursuant to this Agreement shall have no claim to pension, worker's compensation, unemployment compensation, civil service or other employee rights or privileges granted to the COUNTY'S officers and employees either by operation of law or by the COUNTY.

15. INDEMNIFICATION - The PROVIDER agrees to hold harmless, indemnify, and defend the COUNTY, its commissioners, officers, employees, and agents against any and all claims, losses, damages, or lawsuits for damages, arising from, allegedly arising from, or related to the provision of services hereunder by the PROVIDER.

#### 16. ENTIRE AGREEMENT

(a) It is understood and agreed that the entire Agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purposes herein expressed at Monroe County, Florida, on the day and year first written above.

(SEAL)  
ATTEST: DANNY L. KOLHAGE, Clerk

By: \_\_\_\_\_  
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS  
OF MONROE COUNTY, FLORIDA

By: \_\_\_\_\_  
Mayor/Chairman

GUIDANCE CLINIC OF THE MIDDLE  
KEYS, INC.

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Witness

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:  
SUZANNE A. HUNTER

**EXPENSE REIMBURSEMENT REQUIREMENTS**

This document is intended to provide basic guidelines to Human Service Organizations, county travelers, and contractual parties who have reimbursable expenses associated with Monroe County business. These guidelines, as they relate to travel, are from Florida Statute 112.061.

A cover letter summarizing the major line items on the reimbursable expense request needs to also contain a notarized certified statement such as:

"I certify that the attached expenses are accurate and in agreement with the records of this organization. Furthermore, these expenses are in compliance with this organization's contract with the Monroe County Board of County Commissioners."

Invoices should be billed to the contracting agency. Third party payments will not be considered for reimbursement. Remember, the expense should be paid prior to requesting a reimbursement.

Only current charges will be considered, no previous balances.

Reimbursement requests will be monitored in accordance with the level of detail in the contract. This document should not be considered all-inclusive. The Clerk's Finance Department reserves the right to review reimbursement requests on an individual basis. Any questions regarding these guidelines should be directed to 305-292-3534.

**Data Processing, PC Time, etc.**

The vendor invoice is required for reimbursement. Inter-company allocations are not considered reimbursable expenditures unless appropriate payroll journals for the charging department are attached and certified.

**Payroll**

A certified statement verifying the accuracy and authenticity of the payroll expense is needed. If a Payroll Journal is provided, it should include: dates, employee name, salary or hourly rate, total hours worked, withholding information and payroll taxes, check number and check amount. If a Payroll Journal is not provided, the following information must be provided: check amount, check number, date, payee, support for applicable payroll taxes.

**Postage, Overnight Deliveries, Courier, etc.**

A log of all postage expenses as they relate to the County contract is required for reimbursement. For overnight or express deliveries, the vendor invoice must be included.

**Rents, Leases, etc.**

A copy of the rental or lease agreement is required. Deposits and advance payments are not allowable expenses.

**Reproductions, Copies, etc.**

A log of copy expenses as they relate to the County contract is required for reimbursement. The log must define the date, number of copies made, source document, purpose, and recipient. A reasonable fee for copy expenses will be allowable. For vendor services, the vendor invoice and a sample of the finished product are required.

**Supplies, Services, etc.**

For supplies or services ordered, a vendor invoice is required.

**Telefax, Fax, etc.**

A fax log is required. The log must define the sender, the intended recipient, the date, the number called, and the reason for sending the fax.



**Telephone Expenses**

A user log of pertinent information must be remitted including: the party called, the caller, the telephone number, the date, and the purpose of the call.

**Travel Expenses**

Travel expenses must be submitted on a State of Florida Voucher for Reimbursement of Travel Expenses. Travel must be submitted in accordance with Florida Statute 112.061. Credit card statements are not acceptable documentation for reimbursement. If attending a conference or meeting a copy of the agenda is needed. Airfare reimbursement requires the original passenger receipt portion of the airline ticket. A travel itinerary is appreciated to facilitate the audit trail. Auto rental reimbursement requires the vendor invoice. Fuel purchases should be documented with paid receipts. Taxis are not reimbursed if taken to arrive at a departure point: for example, taking a taxi from one's residence to the airport for a business trip is not reimbursable. Parking is considered a reimbursable travel expense at the destination. Airport parking during a business trip is not.

A detailed list of charges is required on the lodging invoice. Balance due must be zero. Room must be registered and paid for by traveler. The County will only reimburse the actual room and related bed tax. Room service, movies, and personal telephone calls are not allowable expenses.

Meal reimbursement is: breakfast at \$3.00, lunch at \$6.00, and dinner at \$12.00. Meal guidelines state that travel must begin prior to 6 a.m. for breakfast reimbursement, before noon and end after 2 p.m. for lunch reimbursement, and before 6 p.m. and end after 8 p.m. for dinner reimbursement.

Mileage reimbursement is calculated at .29 cents per mile for personal auto mileage while on County business. An odometer reading must be included on the state travel voucher for vicinity travel. Mileage is not allowed from a residence or office to a point of departure. For example, driving from one's home to the airport for a business trip is not a reimbursable expense.

**Non-allowable Expenses**

The following expenses are not allowable for reimbursement: capital outlay expenditures (unless specifically included in the contract), contributions, depreciation expenses (unless specifically included in the contract), entertainment expenses, fundraising, non-sufficient check charges, penalties and fines.

ORGANIZATION  
LETTERHEAD

Monroe County Board of County Commissioners  
Finance Department  
500 Whitehead Street  
Key West, FL 33040

Date

The following is a summary of the expenses for ( Organization name ) for the time period of \_\_\_\_\_ to \_\_\_\_\_.

Check #	Payee	Reason	Amount
101	Company A	Rent	\$ X,XXX.XX
102	Company B	Utilities	XXX.XX
104	Employee A	P/R ending 05/14/01	XXX.XX
105	Employee B	P/R ending 05/28/01	<u>XXX.XX</u>
(A)	Total		<u>\$ X,XXX.XX</u>
(B)	Total prior payments		\$ X,XXX.XX
(C)	Total requested and paid (A + B)		\$ X,XXX.XX
(D)	Total contract amount		\$ X,XXX.XX
	Balance of contract (D-C)		<u>\$ X,XXX.XX</u>

I certify that the above checks have been submitted to the vendors as noted and that the expenses are accurate and in agreement with the records of this organization. Furthermore, these expenses are in compliance with this organization's contract with the Monroe County Board of County Commissioners and will not be submitted for reimbursement to any other funding source.

\_\_\_\_\_  
Executive Director

Attachments (supporting documentation)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 2001  
by \_\_\_\_\_ who is personally known to me.

\_\_\_\_\_  
Notary Public

Notary Stamp

**SWORN STATEMENT UNDER ORDINANCE NO. 10-1990**  
**MONROE COUNTY, FLORIDA**

**ETHICS CLAUSE**

\_\_\_\_\_ warrants that he/it has not employed, retained or otherwise had act on his/its behalf any former County officer or employee in violation of Section 2 of Ordinance No. 10-1990 or any County officer or employee in violation of Section 3 of Ordinance No. 10-1990. For breach or violation of this provision the County may, in its discretion, terminate this contract without liability and may also, in its discretion, deduct from the contract or purchase price, or otherwise recover, the full amount of any fee, commission, percentage, gift, or consideration paid to the former County officer or employee.

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

\_\_\_\_\_ who, after first being sworn by me, affixed his/her signature (name of individual signing) in the space provided above on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC

My commission expires:

OMB - MCP FORM #4

## **PUBLIC ENTITY CRIME STATEMENT**

"A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."



Florida Department of  
Law Enforcement

Office of Criminal Justice Grants

Mailing Address:  
Office of Criminal Justice Grants  
Florida Department of Law Enforcement  
2331 Phillips Road  
Tallahassee, Florida 32308  
(850) 410-8700

Guy M. Tunnell  
Commissioner

October 7, 2003

The Honorable Dixie Spehar  
Mayor, Monroe County  
Board of Commissioners  
500 Whitehead Street, Suite 102  
Key West, Florida 33040

Re: 04-CJ-J3-11-54-01-018 / Safeport Residential Drug and Alcohol  
Treatment Center 3

Dear Mayor Spehar:

The Florida Department of Law Enforcement is pleased to award a Byrne State and Local Law Enforcement Formula Grant in the amount of \$52,295 to your unit of government. These funds shall be utilized to implement a Byrne Program under Purpose Area 13B - Offender Community Treatment - Local.

A copy of the approved subgrant application with the above referenced grant number and project title is enclosed for your file. All correspondence with the Department should always refer to the grant number and project title.

Your attention is directed to Section G of the subgrant, "Acceptance and Agreement". These conditions should be reviewed carefully by those persons responsible for project administration to avoid delays in project completion and cost reimbursements. Also, you should review the enclosed Subgrant Award Certificate. This certificate contains important information that applies to this award.

The enclosed Certificate of Acceptance should be completed and returned to the Department within 30 calendar days from the date of award. This certificate constitutes official acceptance of the award and must be received by the Department prior to the reimbursement of any project expenditures.

State of Florida  
Office of Criminal Justice Grants  
Florida Department of Law Enforcement  
Byrne Formula Grant Program

CERTIFICATE OF ACCEPTANCE OF SUBGRANT AWARD

The subgrantee, through its authorized representative,  
acknowledges receipt and acceptance of subgrant award number  
04-CJ-J3-11-54-01-018 in the amount of \$52,295,  
for a project entitled: Safeport Residential Drug and Alcohol  
Treatment Center 3  
for the period of 10/01/2003 through 09/30/2004, to be implemented  
in accordance with the approved subgrant application, and subject to  
the Florida Department of Law Enforcement's conditions of acceptance  
and agreement and special conditions governing this subgrant.

\_\_\_\_\_  
(Signature of Authorized Official)

\_\_\_\_\_  
(Date of Acceptance)

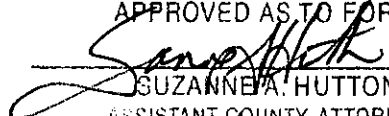
\_\_\_\_\_  
(Typed Name of Official)

\_\_\_\_\_  
(Typed Title of Official)

Monroe County

\_\_\_\_\_  
(Name of Subgrantee)

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:

  
SUZANNE A. HUTTON  
ASSISTANT COUNTY ATTORNEY

Date 10/17/03

04-CJ-J3-11-54-01-018

SUBGRANT AWARD CERTIFICATE (CONTINUED):

This grant shall become effective on the beginning date of the grant period provided that within 30 days from the date of award, a properly executed Certificate of Acceptance of Subgrant Award is returned to the Department.

Clayton H. Wilder  
Authorized Official  
Clayton H. Wilder  
Community Program Administrator

10-7-03  
Date

<b>Application for Funding Assistance</b> <b>Florida Department of Law Enforcement</b> <b>Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</b>
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<b>4. Project Director</b>	
Name of Project Director: David P. Owens (Implementing Agency Employee)  Title: Grants Administrator  Address: 1100 Simonton Street  City, County, State, Zip Code: Key West, FL 33040  E-mail Address: owens-david@monroecounty-fl.gov	County Monroe  <hr/> Area Code / Phone # 305-292-4482 <hr/> SUNCOM #  <hr/> Area Code / Fax # 305-292-4515
<b>5. Contact Person</b>	
Name of Contact Person: same as project director (if other than Project Director)  Title:  Address:  City, County, State, Zip Code:  E-mail Address:	County Monroe  <hr/> Area Code / Phone #  <hr/> SUNCOM #  <hr/> Area Code / Fax #
<b>6. Person Responsible For Financial Reporting (if known)</b>	
Name: David P. Owens  Title: Grants Administrator  Address: 1100 Simonton Street  City, County, State, Zip Code: Key West, FL 33040  E-mail Address: owens-david@monroecounty-fl.gov	County Monroe  <hr/> Area Code / Phone # 305-292-4482 <hr/> SUNCOM #  <hr/> Area Code / Fax # 305-292-4515
<b>7. Person Responsible For Programmatic Performance Reporting (if known)</b>	
Name: David P. Owens  Title: Grants Administrator  Address: 1100 Simonton Street  City, County, State, Zip Code: Key West, FL 33040  E-mail Address: owens-david@monroecounty-fl.gov	County Monroe  <hr/> Area Code / Phone # 305-292-4482 <hr/> SUNCOM #  <hr/> Area Code / Fax # 305-292-4515
<b>8. Service Provider Contact Person</b>	
Name: William Elwood, PhD  Title: Safeport Operations Manager  Address: 301 White Street, Building 12  City, County, State, Zip Code: Key West, FL 33040  E-mail Address: william.elwood@gcmk.org	County Monroe  <hr/> Area Code / Phone # 305-292-6770, x 29 <hr/> SUNCOM #  <hr/> Area Code / Fax # 305-292-7133



**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

**E. Project Narrative**

- 1. Problem Identification:** Briefly describe a specific problem to be addressed with subgrant funds in terms of Problem Description, Problem Significance and Needs Assessment, as described in the application instructions. Continue narrative on a second page if necessary. Do not exceed two pages. Use a readable size font, per instructions.

**1. a.** Demand for long-term substance abuse treatment far exceeds capacity in Monroe County. Currently, there are only 39 long-term treatment slots available in Monroe County; all of these are operated by the Guidance Clinic of the Middle Keys, Inc. (GCMK): 12 slots in Marathon at Keys to Recovery (KTR), a 6-month program for criminally involved men; and 27 slots at GCMK's Safeport program in Key West. There are only eight publicly funded detoxification beds in the county, which are located in Marathon at GCMK headquarters. In the period 10/2001-09/2002, 298 unduplicated clients received substance use detoxification, receiving 2,108 days of service. Approximately 50 percent of these (~150 adults) were encouraged to seek long-term substance abuse treatment. The only comprehensive long-term treatment program in Monroe County is GCMK's Safeport program in Key West.

**1. b.** The extent of people who need and desire treatment and the limitation of Safeport treatment services to people who are public housing tenants resulted in an extensive waiting list of prospective clients that has ranged from 20-40 people at any given time. Many offenders who are court ordered to enter substance abuse treatment in lieu of jail time must either wait in detention for a local slot to open or be referred to a program on the mainland.

**1. c.** Research indicates that offenders generally need more intensive substance abuse treatment for longer periods of time than do non-criminally involved treatment clients. GCMK's detoxification facility (the only publicly-funded facility in Monroe County) refers about 150 people a year to long-term treatment; our substance abuse intervention program refers an additional 75 clients per year to treatment as well. A recent examination of the Safeport waiting list found that of 118 individuals who presented for treatment services, 72% (81/118) were found eligible for services. Of those 81 eligible individuals, however, only 31% (25/81) came to receive Safeport treatment due to the extended wait for services. The limited number of treatment slots in our area and the prolonged and thorough treatment service required by substance abuse treatment clients result in the need to increase treatment capacity in this area.

<p align="center"><b>Application for Funding Assistance</b>          Florida Department of Law Enforcement          Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</p>
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d. N/A, not a multi-jurisdictional task force.

e. GCMK's Safeport program provides outpatient treatment services at intensity levels and durations appropriate to each client's substance abuse disorders. Clients will receive individual counseling, group counseling, relapse prevention training, and related education as appropriate to addiction severity and client progress.

Approximately 12 clinical staff positions are designated to provide treatment services. The clinical coordinator position requires licensure. The incumbent is a licensed mental health counselor (LMHC) in Florida and she is supervised by a MSW who is a certified addictions professional (CAP). The clinical coordinator position requires licensure. All clinical staff members are full-time GCMK employees. The lead clinical positions are as follows:

<u>Staff member</u>	<u>title</u>	<u>position description</u>
Robin Lee, LMHC	clinical coordinator	Supervises clinical staff, monitors client progress
Chris A. O'Brien, MS	SA counselor	Provides individual therapy, facilitates advanced group counseling
Frances C. Luppi, BA	SA counselor	Provides individual therapy, facilitates relapse prevention counseling
C. Jane Williams	client services coordinator	Facilitates intensive case management including, but not limited to, housing needs, medical care, psychiatric care, employment training/placement.

f. Project equipment includes, but is not limited to, personal computers, computer server, laser printers, televisions and VCRs, and photocopier. Computers and printers are used to record notes on treatment services which are printed and placed in client charts as directed by Florida DCF. Some programming includes the playing of videocassettes, which includes the transmission of didactic information as well as information designed to stimulate discussion. Other information is conveyed through handouts which are duplicated on GCMK's photocopier.

g. GCMK's Safeport program is located within the Porter Place public housing complex. The mailing address is, 301 White Street, Building 12, Key West, FL 33040. (1) The site is within the City of Key West, Monroe County, Florida.

(2) N/A

(3) N/A

2. h. Description of activities and frequency:

Outpatient treatment for substance abuse disorders

**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

**2.i. Target Groups, Clients, and Participants**

(1) Safeport program clients will be those individuals with criminal histories who are assessed and found likely to benefit from the treatment services funded by the Byrne Memorial program.

*(2) Clients will be referred by the 16<sup>th</sup> Judicial Circuit, the Monroe County Sheriff's Department, or the Key West Police Dept. Non-detained individuals will receive appointments for a comprehensive psychosocial and addiction severity assessment. Individuals detained by the Monroe County Sheriff's Office will be seen within the Detention Center at times mutually convenient for GCMK and MCSO.*

2.j. DCF and CSAT (the Safeport program's main funding source) require specific follow-up procedures of our clients. These include current address and phone contact information as well as data collection. The current Safeport program evaluation plan requires information collected on clients for no less than 18 months after completion of treatment requirements.

Contact information (including contacts on friends/family members/"someone who always will know where you are") is collected at initial assessment, intake, and at discharge to provide maximum opportunities to contact former clients. GCMK also works with other agencies including, but not limited to, Key West Housing Authority, DCF, Southernmost Homeless Assistance League, 16<sup>th</sup> Judicial Circuit, and the Monroe County Sheriff's Office to find former clients who cannot be reached.

After ensuring that the proper releases are on file, the client services coordinator (CSC) contacts the appropriate staff person at each organization (e.g., former counselor at 16<sup>th</sup> Judicial Circuit Drug Court; Key West Housing Authority housing manager) to see if s/he knows that individual's whereabouts. The CSC also takes easier steps, such as checking the Monroe County Sheriff's Website to see if that former client is in custody. GCMK follow-up location procedures also include sending confidential letters (i.e., that do not refer to drug treatment) stating that their input is needed for "an ongoing human health study." Only after exhausting these and other resources is a former client considered "lost-to-follow-up."

GCMK was incorporated in 1973 as a 501(c) (3) nonprofit organization dedicated to serving the mental health and substance abuse treatment needs of Monroe County residents. The largest nonprofit provider of mental health and substance abuse treatment services in Monroe County, GCMK offers a comprehensive continuum of such services including—but not limited to—prevention, intervention, crisis stabilization, and (detoxification and substance abuse) treatment.

GCMK's Safeport program has been a collaboration between the Guidance Clinic and the Key West Housing Authority (Key West Housing Authority). GCMK has provided

**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

**Part II**  
**Offender Community Treatment**  
**State Program Area 13**

This document provides guidance for project applications prepared for state program area 13. This includes suggested length of responses for some items as well as identifying specific information to be provided. The narrative should be as concise as possible. Please also see other guidance in application instructions.

**Federal Purpose Area 13:**

**Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders.**

**13B: Local Offender Community Treatment**

**SECTION E: 2. PROJECT DESCRIPTION**

**NEW PROJECTS**

If this is a first year project that begins a new 48 month cycle *and* you seek funding for the *same* previously funded state program area, please describe any *significant* changes in the target population, geographical location, and/or project activities in 300 words or less.

**CONTINUATION PROJECTS**

If this is year 2 or later for the project, please address the following items.

**1. Briefly describe the major accomplishments for each year.**

Project Accomplishments: The Safeport program has provided substance abuse treatment services to an average of four criminally-involved clients per month throughout the two years of this project. The program also graduated one client who completed the entire curriculum required to be a "graduate" (rather than, e. g., a "completer")—and remains clean and sober. Two additional Byrne-funded clients were completed rather than graduated from the program as they met personal and legal goals for treatment but did not complete the entire curriculum.

**2. Briefly describe any major obstacles that were identified the previous year and what approach to overcoming them is incorporated in the current year.**

If the change from therapeutic community to outpatient treatment model involves a problem, that problem is one that pervades all Monroe County—namely, affordable housing. Key West Housing Authority's public housing tenants are increasingly those